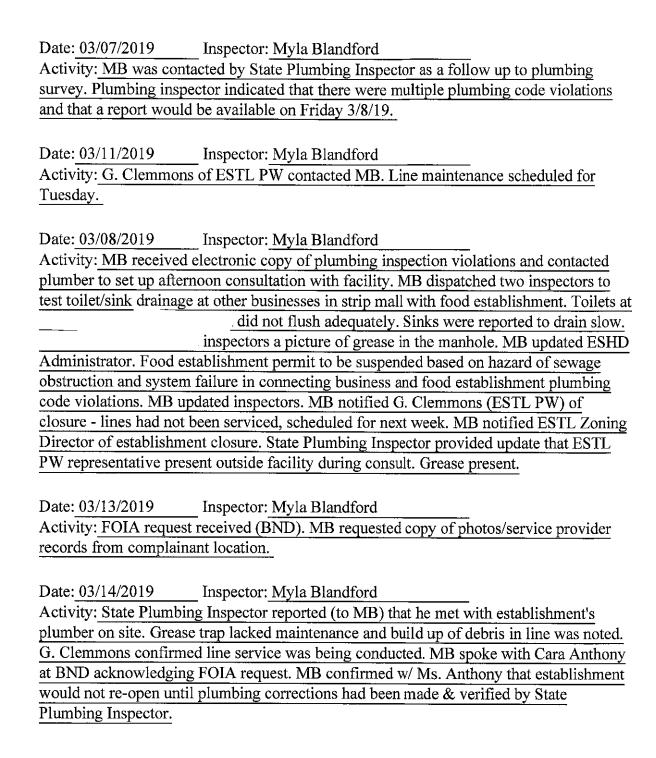
EAST SIDE HEALTH DISTRICT COMPLAINT/INCIDENT REPORT

Incident Number: 100	Date: 03/04/2019 Time I
Program:Sewage	Received By:Michael Jackson
Received Via:	
Business/ Incident Information:	
Name: KAM WAH CHOP SUEY	Facility ID Number: 318
Address: 7604 STATE ST	City: E ST LOUIS
Phone Number: (618) 398-0573	
Nature of Complaint:	-
regarding grease being poured into a drain	at KAM WAH CHOP SUEY is
aware .	and the nuisance is causing
him trouble	
Injury/Illness:	
Complaint Information:	
Name	Address:
Phone Number:	
Action Taken/Activity Log:	
D-4 02/05/2010	1 T - 1
Date: 03/05/2019 Inspector: Michael Inspector: Mich	
Activity: Inspector, Mike Jackson, inform	
	establishment all sinks ran water, No signs of
back up State Plumber notified regarding	compliant for plumbing "complaint inspection"
Date: 03/04/1900 Inspector: Myla I	Blandford
Activity: MB returned a call on 3/4/19 fro	m concerning a sewage issue. The
complaintant stated that the toilets in	were not flushing and that two
plumbers out to assess the issue. The com-	plainant was told that there was "grease in the
manhole."	
The establishment denies pourir	g grease down the drain. MB assigned M.
Jackson to conduct an inspection of Kam	Wah on 3/5/19 to ascertain if there were any
issues with toilet flushing/sinks draining. I	MB also contacted the State Plumbing Inspector
with a request for inspection.	
Date: 03/05/2019 Inspector:	
Activity: MB contacted G. Clemmons of I	East St Louis Public Works and advised her of
·	ere were any known issues with municipal lines
	nere were no known issues. MB recommended a
maintenance check for grease/obstructions	
Respicated Basisame date indicated that toil	
establishment.	
	11.00



Myla Oliver-Blandford

From:

Popov, Matt < Matt.Popov@Illinois.gov>

Sent:

Thursday, March 07, 2019 3:13 PM

To:

Myla Oliver-Blandford

Subject:

Man Wah

Attachments:

IMG_0740.JPG; ATT00001.txt

Myla, Does this concern you? I'll follow up with a report. Thanks, Matt

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.



	Health Departmer	nt Name and Address	Establish ·		\top				•	/	Date 3/5/19	age 1	05/3
E	ast Sid	le Health Distri	r)		\vdash			Factor/Intervention	- X		Time In //:	151	9m
1.7	ishment	Chara Sugar	License/Perm/t #		ļ			eat Risk Factor/Inte	rvention Volatio	•	Time Out 12:	<i>(0</i> €)	P
C+	Address		$\overline{}$		Pe	rmit	: Hol	der	L	Risk Categor	High		
4	0D4 St	ate Street			Pu	rpos	se of	Inspection			' J		
City/S	tate East	ate Street St. Louis, IL	ZIP Code	>3				Comp	1 and				
		FOODBORNEIL			RS A	NE) Pi	•		IONS		Des.	
7	l=in compliance	ated compliance status (IN, OUT, N/O OUT=not in compliance N/O: Mark "X" in appropriate box for), N/A) for each numb not observed N,	ered				Risk factors ar prevalent contr	e important prad ibuting factors o	tices or proc f foodborne i	edures identified a	blic hea	
Comp	COS=	corrected on-site during inspection	R=repeat violati	on col	s R	П	Carr	<u> </u>	e control measure	es to prevent i	oodborne illness or		i R
		Supervision		- C4	2 N	Š	Con	pliance Status	Protection fro	m/Contamin	ation		
1	In, Out	Person in charge present, demonstrate performs duties	es knowledge, and			1	15	In Out N/A,N/O	Food separated a	,	The second second second second	10.000 (10.20.20.20	1
2	In,Out.N/A	Certified Food Protection Manager (Ci	PM)	+	+	1	16	In.Out,N/A	Food-contact dur	faces; cleaned :	and sanitized		
		Employee Health		S. 5		9 7	17	In.Out	Proper disposition reconditioned an		reviously served,		
3	In, Out	Management, food employee and con			20.000,000,000	Ì	600		ime/Temperatu	and the state of t	r Safety		
4	In.Out	knowledge, responsibilities and report Proper use of restriction and exclusion	_=	- -	╁	-	18 19	In,Out,N/A,N/O In.Out,N/A,N/O	Proper cooking ti				
5	In,Out	Procedures for responding to vomiting				7 1	20	In.Out,N/A.N/O	Proper reheating Proper cooling tir				\Box
6	In,Out,N/O	Good Pyglenic Practices Proper eating, tasting, drinking, or tob	migrated gar, an almost of the sales of mily and a list of histories			7	21	In.Out.N/A,N/O	Proper hot holdin				
7	in,Out,N/O	No discharge from eyes nose, and mo		╫	-	٦ ١	2 <u>2</u> 23	In,Out.N/J/,N/O In,Out.N/A,N/O	Proper cold holdi Proper date mark			_	-
•	(= O.4 N/O	Preventing Contamination by H	ands			200	24	In, Olit, N/A, N/O			procedures & record		
8	In.Out,N/O	Hands clean and properly washed No bare hand contact with RTE food o	r a pre-approved	-	-	_		/		er Advisory			
	In.Out,N/A,N/O	alternative procedure properly allowe	d	₩_	-	-	25	/ In.Out,N/A	<u></u>		raw/undercooked fo		9863
10	In,Out	Adequate handwashing sinks properly Approved Source	supplied and accessibl				26	In,Out,N/A			ed foods not offered		261,5261
11	In,Out	Food obtained from approved source	A Comment of the Comm	K	17		3.00	Foo	d/Color Additive	s and Toxic S	ubstances		
12	In.Out,N/A,N/O	Food received at proper temperature	_	\vdash			27	In.Out.N/A	Food additives: a	proved and pr	operly used	48:04:5046.08	MC19.NESset
13	In, Out	Food in good condition, safe, and una	dulterated			1	28	In.Out,N/A	Toxic substances	properly identi	fied, stored, and used		
14	In.Out,N/A,N/O	Required records available: shellstock destruction	tags, parasite		 	-		第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	nformance with	Approved Pr	ocedures		
	r che grand	uestraction	GÓO) RE	TAII		29 RA (In.Out,N/A	Compliance with	variance/specia	alized process/HACCF		
C. HEIDS		Good Retail Practices are preventa	tive measures to co	etro!	the ac	lditio	on o	f pathogens, chemi	cals, and physica	l objects into	foods.	\$24821920V	garen, ve:
Mai	rk "X" in box if nur	nbered item is not in compliance		, N		for	cos	and/or R COS≃	corrected on-site	during inspe	ction R=repea	~~	
1000		Safe Food and Water		COS /	1,		(P. 1)		Proper Use	of Utensils	and the country was	COS	R
30		sed where required				43		In-use utensils: prope			A SON THE STATE OF	::::HE CH CH . C .	
31		m approved source	·		╝,	44	Ц	Utensils, equipment 8	<u> </u>				
32	SALES A SECURITION OF STREET	for specialized processing methods. Food Temperature Control				45	N 1	Single-use/single-serv Gloves used properly		ly stored and u	ised		+
33		thods used; adequate equipment for te	ericht ausgester sperifie er erkein seine von TrucksTedent.					SATERSON OF THE OWNER	Utensils, Equipn	ent and Ven	ding		
34	Plant food properl	y cooked for hot holding				47		Food and non-food co	The state of the s	Admin's allower water the "on	Apr. 2-10 - 1-41 apr. 20 happen 10 a. 2-10 d. 2-10 dece	ed,	Medialos
35	Approved thawing	methods used				48	-	Warewashing facilitie		lead 6 waste			
36	Thermometers pro	ovided & accurate				49		Non-food contact sur		iinea, & usea; t	est strips		\perp
200		Food Identification				49	100.58	Mou-tood Routatt 201	Children and the Control of the Cont	C. Called Mr. Philosophics	Secretaria de la constanta de	On M. S. ele wood:	The second second
37	Food properly lab	eled; original container				V.		λ_{-}		Facilities			德 法
sugar)		Prevention of Food Contaminat	ion		覆	50		Hot and cold water as					
38	Insects, rodents, a	nd animals not present		0.000	<u> </u>	51		Plumbing installed; p	<u> </u>				
39	Contamination pro	evented during food preparation, storag	e and display		\dashv	52		Sewage and waste wa	etel properly dispo	sed			
40	Personal cleanline	ess		_	\dashv	53		Toilet facilities: prope	rly constructed, su	pplied, & clean	ed		
41	Wiping cloths: pro	perly used and stored		-	-	54		Garbage & refuse pro	perly disposed; fac	ilities maintaln	ed		\top
42	Washing fruits and				\dashv	55		Physical facilities insta	alled, maintained, a	and clean			$\uparrow \uparrow \uparrow$
	<u> </u>					56		Adequate ventilation	and lighting; design	nated areas us	≘d	_	\top
			7			ΣΙ. 24					Artist (1965) in gwent i tr Gwell Mar Galler (1965)	pantiya Mayar	\$2.007 \$2.85
						57	i I	All food employees ha	ave food handler tr	aining		ı	1 1

Food Establishment Inspection Report Page 2 of 3 Establishment: Kam Wah Chop Suen Establishment #:

Water Supply: Public Private Waste Water System: Public Private Sanitizer Type: TEMPERATURE OBSERVATIONS Item/Location Item/Location Item/Location Temp OBSERVATIONS AND CORRECTIVE ACTIONS ltem Number Violations cited in this report must be corrected within the time frames below. Complaint - Establishment greasc being poured into drain causing nuisance Establishment is not to pour grease down the drain Flushed a sinks ran greax is sent Complain CFPM Verification (name, expiration date, ID#): # 15758902 Exp. 10/25/2022 HACCP Topic: 3/05/2019

Follow-up: Yes No (Check one) Follow-up Date:

Lo	cal Health Departme	ent Name and Address			Т				<u> </u>	nte3/8/16	∕Page 1 n	f 3
	East Slo	le Health Dist	TICH		No.	of Ri	sk Factor/Intervention	on Violations	-	ne in 2:00		
Est	ablishment	L HOUTH DIO	License/Permit #		No.	of Re	peat Risk Factor/int	ervention Violations		ne Out 3: (
	ham Wal	<u> </u>			Peri	nit H	older •	Ris	k Category	<u> </u>	<u> </u>	
	éet Address 7604 810	Lo 81			<u> </u>				H	Lah		
	v/State		ZiP Code		Purp	oose	of Inspection	1	, ,	O		
	Eost St.	LowsiL	6220				Complair	1+ / Follo	(D-()	ρ		
		FOODBORNE I	LLNESS RÍSK FAC	TOF	RS AI	VD I	PUBLIC HEALTH	INTERVENTIO	NS			
	Circle design	ated compliance status (IN, OUT, N,	O, N/A) for each numbe	ered it	em			· ·				
	IN=in compliance	OUT=not in compliance N/0 Mark "X" in appropriate box for	D=not observed N/A or COS and/or R	A≃not	applic	able	prevalent cont	re important practice ributing factors of fo	es or procedur odborne illnes	es identified is or injury. I	as the mos Public healtl	st h
<u> </u>	•	corrected on-site during inspection	R=repeat violatio	n			interventions a	re control measures to	prevent food	oorne illness o	or injury.	
Col	mpliance Status	Elitaria del martino del composito del como con el	BENEZIO ALEET, MESSERIO MESSERIO	cos	R	Co	mpliance Status			_	cos	R
	In, Out	Supervision Person in charge present, demonstra	ites knowledge, and	<u> </u>	Ž.	15	I In Out N/A N/O	Protection from C	17,110	1.74		<u>.</u>
1		performs duties		<u> </u>	Ш	16	In.Out.N/A,N/O	Food-contact surface:		 anitized		-
2	In.Out.N/A	Certified Food Protection Manager (IFPM)	<u>l</u> ,	<u> </u>	_		/				_
100	Alegania ya kashinishi k	Employee Health		rai ya Yata y		17	In.Out /	Proper disposition of reconditioned and un	safe food			
3	In, Out	Management, food employee and co knowledge, responsibilities and repo				18	In Out N/A N/O	Time/Temperature C			32339	200
4	In Out	Proper use of restriction and exclusion	en	<u> </u>		19	In.Out.N/A.N/O	Proper cooking time a Proper reheating proc				\dashv
5 320×	In,Out	Procedures for responding to vomiting				20	In.Out.N/A.N/O	Proper cooling time a				
6	In.Out.N/O	Good Hygienic Practices Proper eating, tasting, drinking, or to	the second control of the first first first first			21	In Out N/A, N/O	Proper hot holding ter	mperatures			
7	In, Out, N/O	No discharge from eyes, nose, and m		├-		22	In Out N/A N/O	Proper cold holding to				_
100	17 p. 1 - 2 - 1,177 p. 14 - 17 278 p. 18	Preventing Contamination by	1		£75	23 24/	In.Out.N/A.N/O In.Out.N/A.N/O	Proper date marking a			_	\dashv
8	In.Out.N/O	Hands clean and properly washed				1	I W.O.II.NA.WO	Time as a Public Healt Consumer A	建一块的 化基本电阻 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	dures & recor	ds	3°V-
9	In.Out.N/A.N/O	No bare hand contact with RTE food alternative procedure properly allow	or a pre-approved ed			25	In:Out,N/A	Consumer advisory pr		undercooked f	ood	
10	In.Out	Adequate handwashing sinks properl	y supplied and accessible		71	27		Highly Susceptible			,	
		Approved Source		/		26	In.Out.N/A	Pasteurized foods use	d; prohibited fo	ods not offere	d	
11	In.Out	Food obtained from approved source	1	/	525	201 (c)	Foo	d/Color Additives ar	nd Toxic Subst	ances 🦈 🕆		
12	In.Out.N/A.N/O	Food received at proper temperature		/		27	In.Out.N/A	Food additives: appro-	ved and properl	y used		
13	In.Out	Food in good condition, safe, and una	dulterated			28	In.Out.N/A	Toxic substances prop	erly identified,	stored, and use	ed e	
14	In,Out.N/A,N/O	Required records available: shellstock	tags, parasite				Có	nformance with App	roved Proced	ures	1787 (A. 1947) 1787 (A. 1947)	
		destruction			\perp	29	In.Out,N/A	Compliance with varia	nce/specialized	process/HACC	P	
19055	<u> 1995 (1895) 1914 (1974)</u>	Good Retail Practices are prevent					CTICES					7. °
N	lark "X" in box if nur	Good Retail Practices are prevent mbered item is not in compliance	Mark "X" in approp	ro: tr priate	box fo	tion or CO	or patnogens, chemi S and/or R	cals, and physical obj corrected on-site dur	jects into foog ing inspection	ls. N R-rene:	at violation	
27 Va -	2 1.5 v		/ a	OS F			7	Solit delica off size dall	mg mapection	i K-reper	COS	_
30	Bertand	Safe Food and Water		30 (173) - Julia	95	ŽŽ,		Proper Use of L	Jtensils 💮			
31		sed where required n approved source	/	_	— ⊢	3	In-use utensils: prope					\Box
32		for specialized processing methods	-	-		5		k linens: properly stored		led 		_
:35245 33.645		Food Temperature Control			77	6	Gloves used properly	rice articles: properly sto	vied and used			\dashv
33	Proper cooling me	thods used; adequate equipment for te	The state of the s	ver. 1/2	7	3νε.s	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Utensils, Equipment	and Vending		15 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5	. ,
34		y cooked for hot holding] 4	7	Food and non-food co	ontact surfaces cleanabl			ted,	4
35	Approved thawing	methods used			_ -		and used					
36	Thermometers pro	vided & accurate				8		s: installed, maintained,	. & used; test st	lps		
7		Food Identification			∄ <u>L</u> ⁴	9	Non-food contact sur	faces clean				
37	Food properly labe	led; original container	CHARLES WITH PART STATE	(V 148)				Physical Faci	lities		44600	
		Prevention of Food Contaminat	ion	<u> </u>	- 5	0	Hot and cold water av	ailable; adequate press	<u>ur estruit kielija.</u> Ure	<u>a graff faan e</u>	, margine en en en en	33.
38	Incosts andouts a					1	Plumbing installed: pr	oper backflow devices			+	\dashv
$\vdash \vdash$		nd animals not present		\perp	5	2		ter properly disposed	\	_		4
39	_	vented during food preparation, storag	ge and display		5.				10			4
40	Personal cleanlines	is /		[_	∟ ا	\dashv		rly constructed, supplied				
41	Wiping cloths: pro	perly used and stored			5	┵	·	perly disposed; facilities				
42	Washing fruits and	vegetables			S:	5		lled, maintained, and cl				
	<u> </u>		- <u> l</u>		<u>ا</u> ا	6	Adequate ventilation :	and lighting; designated	areas used			
						1		Employee Tra			92 . 311	
<u></u>	Value (Marie Con				5	+ +		ve food handler training	E			
w)	2.200				58	다 [Allergen training as re	quired			1 1	ļ



		Page 2 of.∂
Establishment: <u>ham</u> Wah	Establi	shment #:
Water Supply: Public Private Was	ste Water System: Public Private	
Sanitizer Type:	PPM:	Heat:
	TEMPERATURE OBSERVATIONS	
Item/Location Temp	Item/Location Ten	mp Item/Location Temp
IA	DBSERVATIONS AND CORRECTIVE ACT	
Number	ons cited in this report must be corrected within	n the time frames below.
and source book	es and rulolation as atta	ached.
closed until health	up in adjacent office for violateons/sewer violation	cup Dual la 10
		WE TREE TO CARE
1 Page of house to b		
"Repairs have to b	e made by Illinois	Kegistered Licensed Plumber
· 2019 Permit will	be temporarly susp	pended pending
Plombing Correction	ons.	, , ,
CFPM Verification (name, expiration date, ID#):		
HACCP Topic:		
1 7-4.2)	3-08-19	
Person in Charge (Signature)	Date	
Marion Rillon Maria		Will call

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH PLUMBING INSPECTION REPORT

7//	4 Ct-t- Ct	E-404 T	Gr CI ,			
	4 State Street reet Address	East St. Louis City	St. Clair	Zip Code		
Su	cet Address	City	County	Zip Code		
Firm or	person responsib	le for plumbing	:			
Street A	Address	City	County	Zip Code	Telephone#	<u></u> ¥
		<u>T)</u>	PE OF INSI	PECTION		
	License	Code	Underg	ground	Rough-In	Final
<u>.</u> X	OTHER OR TYPE	Request by	Local Health	Dept.		
	s hereby given of e limit shown to pr Code Rule #		nforcement a		riolation(s) must be m partment.	Correcte
	Sour Itale !!			71014110215		23
				KITCHEN		
1.	890.1010(a)			ompartment sink tary sewer syster	discharge piping were	P
1.	890.1420(a)				discharge piping were	
2.	890.410(a)			nd vented outlet.	0 1 1 0	P
3.	890.320(k)(1)(1) 890.320(i)	_		co fittings locate ink discharge pip		Р
	890.1420(a)	The discharge p		wok was not prov	vided with a trapped	
4.	890.410(a)	and vented outle				· P
5.	890.510(a)(6)	a vent.	itlet of the gre	ease interceptor v	vas not provided with	P
6.	890.200	The inlet of the control.	grease interce	eptor was not pro	vided with a flow	P
	890.310	The inch and a l gas or water tight		ted on the grease	interceptor was not	P
7.	030,310					1
7.	650.510					
7.	670,510					
7.	670,510		Matthew L			ch 7, 2019

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH PLUMBING INSPECTION REPORT

Type o	f Unit Inspected a	and Location:	Kam Wah Cho	op Suey		
760	04 State Street	East St. Louis	St. Clair			
	treet Address	City	County	Zip Code		
Firm o	r person responsi	ible for plumbing	•			
Street .	Address	City	County	Zip Code	Telephone#	
		<u>TY</u>	PE OF INSP	PECTION		
	License	Code	Underg	round	Rough-In	Final
X	OTHER OR TYP	E: Request by	Local Health I	Dept.		
the tim	e limit shown to	prevent further en	nforcement ac	etion by this De	violation(s) must be m epartment.	
			KI	ESTROOM		
8.	890.680(e)	The hand wash	sink was not p	provided with te	mpered water.	P
9.	890.650(a)(1)	The water close	t bowl was no	t provided with	an antimicrobial seat.	P
10.	890.630(g)	The restroom made Accessibility Co		ne requirements	of the 2018 Illinois	
		NOTE: This ty a grease interce			to have a mop sink and	P
			: 			
				,		

			Matthew L.	. Popov	Marc	ch 7, 2019
Owner	or Plumber		Plumbing In	spector		Date

	· · · · · · · · · · · · · · · · · · ·		Establish	m	en	t	In	spection	n Report		,		
Lo	cal Health Departme	ent Name and Address			T	lo. q	of Ris	sk Factor/Interver	tion Violations	0	Date (/16/19 a	ige	1 of
										ions 1	Time In /:/0		
Est	ablishment	A 1.4 AN	License/Permit #		_				ntervention Violat		Time Out 2: 10)	
5tr	eet Address	State St. St. LOVIS			٦,	erm	iit H	older		Risk Catego	iry i U		
	7604	State St.			P	urpo	ose	of Inspection			<u>L</u>		
Cit	y/State	St. LOVIS	ZIP Code				0	DUTINI					
	<i></i>	FOODBORNE IL	LNESS RISK FAC	TC	IRS	ΔΝ				TIONS			
	Circle design	ated compliance status (IN, OUT, N/o). N/A) for each number	ered	item		<u> </u>	ODLIC HEAL	III IIA IEKACIA	TIONS			
	IN=in compliance		not observed N/		ot app	lical	ble				cedures identified as illness or injury. Publ		
	COS=	corrected on-site during inspection	R=repeat violatio	n							foodborne illness or in		
Co	mpliance Status			cc	IS R		Co	mpliance Status				cc	S R
		Supervision Person in charge present, demonstrate	as knowledge and	Τ-	-		L	[() C	Protection fro		ation	7	
1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	performs duties					15 16	In)Out,N/A,N/C	Food separated Food-contact sur		and appleined	╁-	+-
2	In Out, N/A	Certified Food Protection Manager (C	FPM)					, , , , , , , , , , , , , , , , , , ,	<u> </u>				
		Employee Health					17	(ir) Out	Proper disposition reconditioned ar		previously served,		
3	In Out	Management, food employee and cor knowledge, responsibilities and repor						۸	Time/Temperate				
4	(n bùi	Proper use of restriction and exclusion		┿	-	-	18 19	Out.N/A.N/O				+	+
5	ir. Out	Procedures for responding to vomiting	and diarrheal events	1		_	20	n Out N/A, N/O				+	+
6	Out.N/O	Good Hygienic Practices			-		21	Out.N/A.N/O					
7	In Out N/O	Proper eating, tasting, drinking, or tob No discharge from eyes, nose, and mo		┼-	-	4	22	Out.N/A.N/O		ing temperatur	es		\downarrow
	$\frac{\gamma}{2}$	Preventing Contamination by H			٠.	4	23	In Out N/A, N/O				+	+
8	In Out N/O	Hands clean and properly washed		Τ		1	24	(II) DUI IVA.IVO		nealth Control; ner Advisory	procedures & records		
9	y.Out.N/A.N/O	No bare hand contact with RTE food o alternative procedure properly allowe				1	25	In.Out.N/A			raw/undercooked food		Т
10	(n)Out	Adequate handwashing sinks properly		T	<u> </u>	1			Highly Suscer	tible Popula	tions	1	
	Ă	Approved Source					26	In Out(N/A	Pasteurized food	s used; prohibi	ted foods not offered		Т
11	J W.Out	Food obtained from approved source		Γ	Τ	1		F	ood/Color Additiv	es and Toxic	Substances	•	
12	in Qut.N/A.N/O	Food received at proper temperature				1	27	in Out NA	Food additives: a	pproved and p	roperly used		Τ
13	(II).Out	Food in good condition, safe, and unac	dulterated	T	+-	1	28	In Out N/A.	Toxic substances	properly ident	ified, stored, and used		
14	In.Out.WA, WO	Required records available: shellstock	tags, parasite	 	-	1			Conformance with	Approved P	rocedures	_	
l		destruction		L	<u> </u>		29	Ir Out.N/A	Compliance with	variance/speci	alized process/HACCP		
		Good Batail Benetices are						CTICES					
N	tark "X" in box if nur	Good Retail Practices are preventa nbered item is not in compliance	tive measures to con Mark "X" in approj						micals, and physica S=corrected on-site			ialat	lan
				os	_	Ť		2 4114/ 51 11 - 20	S-corrected on-site	- admil ginspe	ection R=repeat v	_	S R
	12	Safe Food and Water							Proper Use	of Utensils			
30 31	Water and ice fron	sed where required			_	43	-	In-use utensils: pro	 				\perp
32		for specialized processing methods		\dashv		44	-		nt & linens: properly s			 _	
	, , , , , , , , , , , , , , , , , , , ,	Food Temperature Control			\dashv	45	,	Gloves used prope	ervice articles: prope	rly stored and t	ısea	\vdash	+
33	Proper cooling met	hods used; adequate equipment for ter	nperature control		\neg	H	ш		Utensils, Equipn	nent and Ven	ding	Ц	
34		cooked for hot holding				47	7	Food and non-food			y designed, constructed,	,	1
35	Approved thawing	methods used		T	7		X	and used				<u> </u>	\perp
36	Thermometers pro	vided & accurate			\neg	48	\vdash		ties: installed, mainta	ined, & used; t	est strips		
		Food Identification	 		\exists	49		Non-food contact s	urfaces clean				_
37	Food properly labe	led; original container		·	\dashv				Physical	Facilities		•	
Ļ	<u> </u>	Prevention of Food Contaminati	on I	1	\dashv	50	\prod	Hot and cold water	available; adequate	pressure			
38	Insects, rodents, ar	nd animals not present	· · · · · · · · · · · · · · · · · · ·	Т		51	П	Plumbing installed;	proper backflow dev	ices		Ι-	\top
39		vented during food preparation, storage	and display	\dashv	\dashv	52	\sqcap	Sewage and waste	water properly dispo	sed			+
10	Personal cleanlines		- mobilet	+	\dashv	53	\sqcap	Toilet facilities: pro	perly constructed, su	pplied, & clean	ed	\vdash	+
11		Perly used and stored		+	\dashv	54	H		roperly disposed; fac			-	+
_				4	_	55	Н		stalled, maintained, a			├—	+
12	Washing fruits and	vegetables				56	\perp		on and lighting; design				+
						٣	Ш		-		ru 	<u>L</u>	1
						57	П	All food employees	have food handler tr	e Training		Γ	$\overline{}$
®.	38					58	H	Allergen training as				 -	+



Establishment: Public Pri	n wh		Establishment	#:	, ugc z t
Nater Supply: 🗖 Public 🗌 Pri	vate Wa	ste Water System: Public	_] Private		
anitizer Type:	<u> </u>	PPM: 100	su bro	Heat: 165° 1	
	-	TEMPERATURE OBSERV	VATIONS		
ltem/Location	Temp	Item/Location	Temp	Item/Location	Tem
Shring /slaw Fridge BLAK) "	400	Egg ROLL / 2000		Pour / Fronzer	30
Black)"	410	Egg ROLL / 2020		pan from	70
	+				
	- -				
	-			<u> </u>	
	 _	OBSERVATIONS AND CORREC	TIVE ACTIONS		<u> </u>
Item		ons cited in this report must be corre		o framos holeu.	
lumber 187 - 1-1661				e trames below.	
2) (DO (2001)		pra prapared foods	 		
Lord baser	Gran 00'	oist make work	f	1 6 44	
ith ditud	1 (abel	The penage wist	be in ela	an covered content	-
MARKETION	DATE	ginel pedage wist the proposation.			
	<u> </u>				·
					,
147 Gloge mis	herer 1	ovildup of debris,	-		****
					······································
Non-fred con	that give	bases must be in a	so they could	oa.	
CARECTION: CL	مجه			<u> </u>	
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PM Verification (name, expiration	on date ID#):				
	,,, date, 1511).		-		
LAM	1575	8902 Exp.	10/25/27	2	
			, , ,		
ACCP Topic: Thaving					
_ /	3	·			<u></u>
7.4, 2)	1	1/18/18			
son in Charge (Signature)	1	1/18/18 Date			
son in Charge (Signature)	<i>y</i>				
son in Charge (Signature)	7				
son in Charge (Signature) Mathematical Signature)			No (Check one)	Follow-up Date:	

				F	ood	Establis	hn	nei	nt	: l t	ns	pection	Report	·					
Loc	al Health Depar	tment N	lame and A	Address				-T				actor/Intervention				Date 12	5~ P	age 1	1 01/3
	East	Si de	: Hec	il the	Dista	4		一							2	Time In	112.	66	Den
Esta	ablishment	. ,				License/Permit #		\dashv	No.	of i	Repea	at Risk Factor/Int	ervention Violati	ons	2	Time Out	1.	<u>5</u> 5	PA
Stre	eet Address	Wah	·	Sue	7				Peri	mit	Hold	er 📐	·.	Risk (Categor	V Here			
L.	760	<u> </u>	State	244	<u>e</u> +				Pur	pos	e of i	nspection				1 - 03	-11-		-
City	/State E45	+ 5	it. L	ani s	IL	ZIP Code						Ro	-d-						
		1. 11.				LNESS RISK F		ORS	Δι	ND	PH	BLIC HEALTH	I INTEDVENI	FION	c			_	
	IN=in compliand	e O f	compliance UT =not in c	e status (II ompliance n appropr	N, OUT, N/ N/C iate box fo	O, N/A) for each nu =not observed r COS and/or R R=repeat vio	mbere N/A=	ed iten	n			Risk factors a prevalent cont	re important practifications of the control measures	tices of	or proce	lness or in	iurv. Pul	lic he	nost ealth
Con	ipliance Status				_		-	cos	R	7	Compl	liance Status	_ -					cos	S R
—		In.		Supervis						Į			Protection fro	т Сол	tamina	tion	· · · ·		
1	(n), Out	peri	son in charge forms duties	e present,	demonstra 	es knowledge, and			ĺ	- 1-		In Out N/A.N/O	Food separated a					~	
2	(m)Out.N/A	Cert	tified Food P	rotection	Manager (C	FPM)				ľ	.6	⊘ B.Out.N/A	Food-contact sur						
				iployee l						þ	.7	D Out	Proper disposition reconditioned an	n of reti d unsafi	urned, p e food	reviously se	ved,		
3	Pr, Out	Mar kno	nagement, fo wledge, resp	ood emplo aansibilitie	yee and co	nditional employee;	Ī				1/2		Time/Temperatu	re Con	trol for				
4	en Out	Pro	per use of re	striction a	nd exclusio	1	\dashv	-	\dashv			Out.N/A.N/O	Proper cooking tie						\Box
5	₽ A.Out	Proc				g and diarrheal even	ts		╗			D.Out,N/A.N/O	Proper reheating Proper cooling tin					-	+
6	CID Out N/O	Prov			Practices	<u> </u>				2		Out.N/A.N/O	Proper hot holdin						\top
7	Out.N/O		per eating, ta discharge fro				-	_	\dashv	2:		m Out.N/A,N/O	Proper cold holdin			_			
			reventing C						-	2		In. OUD V/A. N/O	Proper date mark					+	
8	Ø ħ.Out.N/O	Han	ds clean and	properly	washed		7			5	* 'Z	Out.N/A,N/O	Time as a Public H			rocedures 8	records		1
9	In.Out N/A.N/C	No b	bare hand co rnative proce	ontact with edure proj	RTE food o	r a pre-approved d				25	5	In.Out (V/A)	Consumer advisor			aw/underco	oked food	1	
10	(D)Out	Ade	quate handv	vashing sir	iks properly	supplied and access	ible			Ė		2,818	Highly Suscep					1	
***				proved S						26	5	In.Out N/A	Pasteurized foods	used; p	rohibite	d foods not	offered		
11	⊘ Out	Food	d obtained fr	rom appro	ved source	<u> </u>	Ť	Т	٦			Foo	d/Color Additive	s and 1	Toxic S	bstances		١	
12	In.Out TANC	Food	d received at	proper te	mperature			_	+	27	7	In.Out.ID	Food additives: ap	proved	and pro	perly used		T	T
13	CinyOut	Food	d in good cor	ndition, sai	fe, and una	dulterated	\dashv	+-	-	28	3 /	DOUI.N/A	Toxic substances p				ind used	\dagger	H
14	tn.Out NA)/O	Requ	uired record:	s available	: shellstock	tags, parasite	\dashv	\dashv	-	Ī	·	Co	nformance with	Appro	ved Pro	cedures	· · ·		
<u> </u>		dest	ruction						L	29)	In.Out.	Compliance with v	ariance	/special	zed process	/HACCP	T	
		Good	Dotail Dra		·	GO(DD R	ETA	<u>IL I</u>	PR/	ACT	ICES		<u> </u>	<u> </u>			1	
Má	ark "X" in box if	number	ed item is r	not in con	e preventa opliance	tive measures to o Mark "X" in app	contra Propri	I the a ate bo	addi x fo	itior or C(າ of p OS an	athogens, chemi d/or R COS=c	cals, and physical corrected on-site	object during	ts into f	oods. tion R:	repeat v	iolatio	n
							cos	$\overline{}$	T						,, e p c c	11-	Среис	cos	_
30	Pasteurized egg	e need w		ood and \	Nater	· · · · · · · · · · · · · · · · · · ·	_	_	L		1.		Proper Use	of Ute	nsils				
31	Water and ice f						-	\vdash	-	13		use utensils: prope							
32	Variance obtain				ethods	_	╁	\vdash	\vdash	5			linens: properly st rice articles: properl			_	_	<u> </u>	
			Food Tem					Н	-	6		oves used properly	nce al ticles: properi	y storet	a and us	ea		<u> </u>	H
33	Proper cooling	methods	used; adequ	iate equipi	ment for te	nperature control		П				1	Utensils, Equipm	ent an	d Vend	ing		<u> </u>	_
34	Plant food prop			olding					4	7	For		ontact surfaces clear				nstructed	,Γ	
35	Approved thaw								4:	0								<u> </u>	Ш
36	Thermometers	provided			- · · · · · · · · · · · · · · · · · · ·				\vdash	9 >		n-food contact surf	s: installed, maintair	nea, & (used; tes	t strips		<u> </u>	Ц,
			Food	ldentifica	ition				-	X	1	n-rood contact surr	00		<u>.</u>				
37	Food properly la	abeled; o	riginal conta	iner					L	- 7			Physical i						
		Pre	vention of	Food Co	ntaminati	on			50	1.	Ho	t and cold water av	ailable; adequate p	ressure					
38	Insects, rodents	, and anii	mals not pre	sent				П	51	1	Plu	mbing installed; pro	oper backflow devic	es		_			
39	Contamination	prevented	d during foo	d preparat	ion, storage	and display		\vdash	57		Sev	vage and waste wa	ter properly dispose	ed					
‡O	Personal cleanli	ness			· .			$\vdash \vdash$	53	3	Toil	let facilities: proper	ly constructed, sup	plied, &	cleaned				
41	Wiping cloths: p	roperly u	sed and stor	red	•			\dashv	54	4	Gar	bage & refuse prop	perly disposed; facili	ties ma	intained				
12	Washing fruits a	ind veget	ables			 _	-	\dashv	55	*	Phy	rsical facilities insta	lled, maintained, an	d clean					
			<u>.</u>				<u> </u>		56	5	Ade	equate ventilation a	and lighting; designa	ted are	as used	<u> </u>		\vdash	
													Employee	Trainir	ng	-			
6 -									57	┵	Alif	food employees hav	ve food handler trai	ning					
(f)(d)	ADDITIONAL 38								58	3	Alle	rgen training as rec	quired						

Establishment:	Wah 盛	Chap Su.	e 7 Establishmen		Page 2 of 3
Water Supply: Public Pr	ivate Waste Wa	ter System: Publ	ic Private		
	uputu sink		100	Heat:	
	ALCOHOL Management of the same and the same	TEMPERATURE OB	SERVATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Rice	140	Stenk	35.	Sk-k	8
Beef		535	34	Shring	7'
chichen	122 2	rimp	35		
	+				
	 				
	 				
	 				
	OBSER	VATIONS AND COR	RECTIVE ACTIONS		
ltem Number			corrected within the tim	ne frames below	
(15.) Chicken an	 				
3.302.11(4)	Food shell be	- proched	~	Contemb	
correction -	Cover			Depended Villation	
					
(492) Non Food can	deed Surfaces	Such as l	ounter top dirl	by with debris	
4,601.11(c)- No	on Food contract	Surfaces shell	be tree of	by with debrs	exide
Correct -	clen		DAY CC	25)	
75 77	<u> </u>				
350 Fhors in	Establismel		em		
6.101.11(A) correb- cle	Materials Si			1945, Surface Much	121
0.11		N		tree of residue 1	gutus
(23.) Drow and	epper and	cheox ne	st detad	label in Refishe	
3.501.17 - 50		1		nuly system the	of news
correct - L		discard	- 4 - 2		nels
				3 3 3 6	Fotate
CFPM Verification (name, expiration	on date, ID#):				
1	16	6	9. 10/24/20	v 4	
Janet Lam	出 015852	37 P	4. 1012/120	41	j
HACCP Topic: Fox PW	2				
Person in Charge (Signature)		12/05/2	rid		
I had a			es No (Check one)	Fellow vs Pater	
Inspector (Signature)			Leuery one)	Follow-up Date:	R 38

				rood	Establish	ıme	en	tl	ns	pection	Repo	rt					of
-	- , ;	e 1	ame and Addr	N 4	<u> </u>		N	o. of	Risk	Factor/Intervention	on Violations		1	Date 04	26 Pag	/3 -	of 3
- 5	ast :	Side	Heath	Distive				lo. of	Repe	eat Risk Factor/Int	ervention Viol	lations	\bigcirc	Time In Time Out	3:00		Y)
Estac	olishment	(am	Wah		License/Permit#		P	ermit	Holo	ter		Risk	Category		3.00) [S]	7
Stree	t Address	7604	<u> </u>	State	Street		_ -	urpos	e of	Inspection		L		H124	<u> </u>		
City/:	State 1	cast	Sk	luis	ZIP Code					harrive	. 1	aspe	cfm	-			
	ν	, , ,			LLNESS RISK FA		RS	ΔΝΓ) PI	IRLIC HEALTH	·	. 4					
II	Circle N =in complia	ance O	compliance sta UT=not in comp Mark "X" in ap	atus (IN, OUT, N	/O, N/A) for each num D=not observed P or COS and/or R	nbered N/A=no	item			Risk factors a prevalent cont interventions a	re important ributing factor	practices s of foo	or proce	ness or inj	ury. Publi	ic hea	
Comp	liance Status					co:	S R		Comj	pliance Status						cos	R
-		\ ln		pervision	 						Protection			tion		-	16
1	@\c	peri	son in charge pr forms duties	esent, demonstra	ites knowledge, and	-		- 1 - 1	15 16	In. Dut N/A.N/O (ImOut.N/A	Food separate Food-contact			ad capitized		V	
2	(Jul.N/	/A Cer	ified Food Prote	ection Manager (0	SFPM)				10		ļ <u></u>						
		· · · ·		oyee Health					17	6 0ut	Proper dispos reconditioned			eviously serv	/ed,		
3	D on	1		l employee and co sibilities and repo	onditional employee; rting				10 17		Time/Temper						
4	Q).Out			ction and exclusion		+-	+		_	In Dut.N/A.N/O Tip Out.N/A.N/O	Proper cookir Proper rehea						
5	O n.Out	Pro			ng and diarrheal events			⊣ ∣		m Dul.N/A.N/O	Proper coolin						
-	2	<u>~ Т-</u>		gienic Practices					21	(in Jul.N/A.N/O	Proper hot ho						
7	(n.)Dut.N/			ng, drinking, or to eyes, nose, and m			-	- 1		(In Dut.N/A.N/O	Proper cold h						
<u> </u>	C)			tamination by				+	_	<u>(In)</u> Dut.N/A.N/O (In)Dut.N/A.N/O	Proper date n						
8	(In)Out.N/		ds clean and pro			Т.		1	24 1 9	CIN,DUILIN/A,N/O	Time as a Pub	umer Ac		rocedures &	records		
9	(b)but.N/A.	N/O No i	bare hand conta	act with RTE food are properly allow	or a pre-approved			┦ ,	25	In Out.	Consumer ad			aw/underco	oked food		
10	(In)Out				ly supplied and accessit	ole		7 1			Highly Sus						
			•	oved Source	<u> </u>	<u> </u>	-	7	26	In.Out(N/A	Pasteurized fo	oods used	prohibite	d foods not	offered		
11	(D)ut	Foo	d obtained from	approved source			Т	┥ [od/Color Addi	tives and	Toxic St	ıbstances			
12	In:Out. (VA.)//O F00	d received at pr	oper temperature		-		┪ [27	In Dut (M)	Food additive	s: approve	d and pro	perly used			
13	· mout	Foo	d in good condit	tion, safe, and una	adulterated		+	┨ ┃	28	(h))ot.N/A	Toxic substan	ces prope	rly identifi	ed, stored, a	nd used		
14	ın Out (VA)			vailable: shellstocl	k tags, parasite	+		┪ [Co	onformance w	ith Appr	oved Pro	cedures			
	o	dest	ruction			D DE			29	In.Out WA	Compliance w	ith varian	ce/special	ized process,	/HACCP		
		Goo	d Retail Practic	cas are provent	ative measures to co					TICES	المال المالية						
Ma	rk "X" in bo			t in compliance	Mark "X" in app						corrected on-				repeat vi	olatio	n
			·····			1 1	R									cos	
	T			d and Water	 .		_	\vdash				Use of U	tensils				
30 31			here required roved source			 	\dashv	43	_	In-use utensils: prope	<u> </u>						
32	+		pecialized proce	essing methods				44 45	-	Utensiis, equipment Single-use/single-ser							
	131121102 01	J. 101 J		erature Control			╌┤	46	-	Gloves used properly		openy sto	eo ano us	eu			
33	Proper coo	ling methods	used; adequate	e equipment for t	emperature control		┪	-			Utensils, Equ	ipment a	nd Vend	ing			
34	Plant food	properly coo	ked for hot hold	ling				47		Food and non-food c		•			nstructed,		
35	Approved t	hawing meti	ods used						-	and used						Ш	
36	Thermome	ters provide	l & accurate				\neg	48	<u>رل</u>	Warewashing facilitie	es: installed, ma	intained,	& used; te	st strips			
	!		Food Ide	entification				49	×	Non-food contactivu	faces clean						
37	Food prope	erly labeled;	original containe	 er		Г	\dashv				Physi	ical Facili	ties				
		Pro	evention of Fo	ood Contamina	 tion	L	\dashv	50	T	Hot and cold water a	vallable; adequa	ate pressu	re				
38	Insects roo		imals not prese			, -	\dashv	51	+	Plumbing installed; p	roper backflow	devices					•
_			<u>`</u>		an and disclar		4	52	-	Sewage and waste w	ater properly di	sposed				\vdash	
39			eu auring food p	oreparation, stora	ge and display	$\perp \perp$	_	53	-	Toilet facilities: prope		<u>. </u>	. & cleane			\vdash	\dashv
40	Personal cl	eanliness							+		 			_			
41	Wiping clot	ths: properly	used and stored	t				54		Garbage & refuse pr				-		Ш	
42	Washing fr	uits and vege	tables					55		Physical facilities in t							
								56	//	Adequate ventilation	алd lighting; de	esignated	areas usec				
								<u> </u>				yee Trai					
								57	1 4	All food employees h	ave food handle	er training				ı T	

Allergen training as required

Food Establishment Inspection Report Establishment: Water Supply: Public Private Waste Water System: Public Private Establishment #: Sanitizer Type: 3 coupt. Chlore PPM: 100 TEMPERATURE OBSERVATIONS Item/Location Temp Item/Location Item/Location Temp Chicken 175 E 227 730 30. ON JUNS **OBSERVATIONS AND CORRECTIVE ACTIONS** ltem Violations cited in this report must be corrected within the time frames below. Number Foxel items not covered 3-302.11 Food Shall be protected from cross contamen Nonfood contact surfaces show be correction - Clean 49. CFPM Verification (name, expiration date, ID#): # 15758902 Exp. 10/25/22 rson in Charge (Signature)

			ESTABLISH	1110	= []	<u> </u>	11	spection	report	<u> </u>	Dec 1		- (3
Loc	al Health Departme	nt Name and Address			No. of Risk Factor/Intervention Violations							ge 1 o	of 3
Fets	SH()_		License/Permit #		No	o. of	Rej	peat Risk Factor/In	tervention Violat	ions O	Time In ()		
-3."	Kan	Wah	areconsey) crime in		Pe	rmit	: Ho	older		Risk Catego	ry // C		
Stre	et Address	1 Stale St.			Pu	rnos		of Inspection			High_		
City	/State	7 /191E J	ZIP Code		┤	pos		л тареслоп		Roy	line v		
										,			
_			LLNESS RISK FA			INL) P	UBLIC HEALT	HINIERVEN	IIIONS			
	IN=in compliance	ated compliance status (IN, OUT, N, OUT=not in compliance N/6 Mark "X" in appropriate box for scorrected on-site during inspection	D=not observed N, or COS and/or R	/A=no	item t appl	icab	le	prevalent con	tributing factors	of foodborne	cedures identified as t illness or injury. Publi foodborne illness or inj	ic hea	
Cor	npliance Status			co	S R		Co	mpliance Status				cos	R
L.,		Supervision				_				om Contamir	ation	:	
1	(1)/W	Person in charge present, demonstra performs duties	ates knowledge, and				15 16	Out,N/A.N/C	Food separated	and protected rfaces; cleaned	and sanitized	\vdash	
2	(In)Out.N/A	Certified Food Protection Manager (CFPM}				Ë	22.1			previously served,	_	
		Employee Health					17	D Out		ind unsafe food	previously served,		
3	(Ig. Out	Management, food employee and co knowledge, responsibilities and repo					18	Out.N/A.N/O	Time/Temperat	ture Control for time and tempe			
4	D.Out	Proper use of restriction and exclusi				1	19	Out.N/A.N/O		ine and tempe g procedures fo			
5	(In)Out	Procedures for responding to vomiti]	20	In. out.N/A.N/C	Proper cooling	time and tempe	rature		
	Out.N/O	Good Hygienic Practice:		1	1	4	21	in.Out.N/A (N/Ô		ling temperature		_	
7	Out N/O	Proper eating, tasting, drinking, or to No discharge from eyes, nose, and n		+		+	22	In Out N/A.N/O		ding temperatur		×	-
Н		Preventing Contamination by			-	┪	24	MyOut N/A V/S		rking and dispos Health Control	; procedures & records		
8	In Out, N/O	Hands clean and properly washed	•				Ė	<u> </u>		mer Advisory			
9	(i).Out.N/A.N/O	No bare hand contact with RTE food alternative procedure properly allow					25	In Out (VA)	Consumer advis	sory provided fo	r raw/undercooked food		
10	In. dw	Adequate handwashing sinks proper	1800	le X	1				···	eptible Popula			
		Approved Source				7	26	In.Out(N/A	Pasteurized foo	ds used; prohib	ited foods not offered	<u>L</u>	
11	€9 1 Out	Food obtained from approved source	e			1		Fo	od/Color Additi	ves and Toxic	Substances		
12	In: Out.N/A N/S	Food received at proper temperatur	e			1	27	(H)Out,N/A	Food additives:	approved and p	properly used		
13	Out.	Food in good condition, safe, and ur	nadulterated			1	28	#FOut.N/A	Toxic substance	es properly ident	tified, stored, and used	<u> </u>	
14	In, Out.N/A 2/O	Required records available: shellsto	ck tags, parasite			1			Conformance wit	th Approved P	rocedures		
Ш		destruction				<u> </u>	29	In.Ou(.N/A)	Compliance wit	n variance/spec	ialized process/HACCP	<u></u>	
								CTICES	-11111		- for eals		
N	1ark "X" in box if nu	Good Retail Practices are preven mbered item is not in compliance										cos	
\vdash		Safe Food and Water		003	\dashv				Proper U	se of Utensils	· · · · · · · · · · · · · · · · · · ·	1005	
30	Pasteurized eggs (used where required				43	3	In-use utensils: pro	perly stored				
31	Water and ice from	m approved source				44		Utensils, equipmer				<u> </u>	
32	Variance obtained	for specialized processing methods				45	+	Single-use/single-s		erly stored and	used	ـــ	\vdash
33		Food Temperature Contro ethods used; adequate equipment for			\dashv	46	1	Gloves used prope	Utensils, Equit	mont and Va	ndina	<u> —</u>	<u> </u>
34		ly cooked for hot holding	temperature control		\dashv	47	,[Food and non-food			rly designed, constructed	,	П
35	Approved thawing	·						and used	., .				
36	Thermometers pr	ovided & accurate			\dashv	48	3	Warewashing facili	ties: installed, mair	ntained, & used;	test strips		
		Food Identification			\dashv	49)	Non-food contact s	urfaces clean				
37	Food properly lab	eled; original container							Physic	al Facilities			
Н		Prevention of Food Contamin	ation			50)	Hot and cold water	available; adequat	te pressure			
38	Insects rodents	and animals not present			-	51	L	Plumbing installed	proper backflow d	levices			
39		evented during food preparation, stor	age and display			52	2	Sewage and waste	water properly dis	posed			
			age and display		\dashv	53	V	Toilet facilities: pro	perly constructed,	supplied, & clea	ined 7 lav	Q	
40	Personal cleanline				_	54		Garbage & refuse	roperly disposed;	facilities maintai	<u> </u>	1	
41		operly used and stored				55	;	Physical facilities in	stalled, maintaine	i, and clean		T	T
42	Washing fruits an	d vegetables				56	,	Adequate ventilati	on and lighting; des	signated areas u	sed	+-	
						-				yee Training			1
						57	V	All food employees		<u> </u>	30 day	N.	Τ
Œ	38					58	3	Allergen training a	required			\prod	



2/2

Establishment:	Ka	m Wat	-		F	stablishment	+ #·		Page 2 of 3
Water Supply:			e Water Syst	tem: 🗆 Pu					
Sanitizer Type:	p Chi	Burket	-	PPM:	(OO)	DW.	Heat:	05	
	1		TEMPE	RATURE O	BSERVAT				
Item/Loc	cation	Temp		em/Location		Temp		Item/Locatio	n Temp
Chill	len	34							
Por	-	32				_		· · · ·	
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Chick	14.4/	279"		<u></u>		 			
CFNUE	· · · · · · · · · · · · · · · · · · ·		_						
			2005024440						
Item			BSERVATIO					1	
Number	1)		ns cited in this		be corrected	within the tir	ne Trames I		
12 de 1	dates	on Atl	Store		11 1	ug C			
2011	e sha rection		lated es	Ombi	all t	nnes Over	da	<u></u>	
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Onk	in Pe	St Contr	d						
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750370 €	ducat	ion les	a10	$\frac{d}{d}$	itemas	→ ,){	Stor		
1	<u> </u>		ntanir		ţ	ood y	Chw.	lägs (eft_
, VO	signs or	-Smells	07	Sewag	ye ·	SSUC		-	
CFPM Verification	(name, expir	ation date, ID#):							
LAM							<u></u>		
	157589	103				_			
HACCP Topic:	ed agencian	ate M	arking	1	1/00) doi	Nn	Drocea	due=
J. John	Jane			111911	l C				
Person in Charge (Signa	iture)		Date		<u>′</u>				
<i>-</i> WV (211	Al		0					4/26/18
Inspector (Signature)		VVIIC	zzwo	Follow-up	Yes 🗌	No (Check one	e) Fo	ollow-up Date:	<u> </u>

EAST SIDE HEALTH DISTRICT COMPLAINT/INCIDENT REPORT

Incident Number: 100	Date:04/13/2018	Time:12:00 AM
Program:Sewage	Received By:Myla Blandfo	ord
Received Via:		
Business/ Incident Information:		
Name:	Facility ID Number:	
Address:	City:	
Phone Number:	·	
Nature of Complaint:	-	
MB received call from City of East St Lo	uis inspector advising that th	iere was sewage
behind establishment at 7604 State Street.	•	<u>_</u>
Injury/Illness:	•	
Complaint Information:		
Name:	Address:	
Phone Number:	<u>, </u>	
Action Taken/Activity Log:		
Date: 04/13/2018 Inspector: Monae Activity: MB dispatched inspector to follo back ups/drainage obstructions in the buil was a problem with city line. MB contacts confirmed that there was an issue with the waiting for a part/equipment on Monday to	ow up on complaint. Inspected ding. Facility management in ed G. Clemmons (Public Work municipal line/system and the complete municipal line municipal li	ndicated that there orks). Ms.Clemmons that they were
Reviewed By: Myla Blandford	Disposition: Closed	

	314-	6∞ - 4731 Jo Food Esta	blish	me	en	t I	ln:	spection	Report	1,	Þ	
Loca	al Health Departmer	nt Name and Address			N	o. of	f Ris	k Factor/Interventio	n Violations	Date 113 Pag	e 14	// 3
	<u> </u>		Name 18 41		N	lo. of	f Rep	peat Risk Factor/inte	ervention Violations	Time In 7 d	<u> </u>	
EST	ablishment 40 C	1 State St. License/I	'ermit #		P	ermi	it Hc	older	Risk Categor	1 " 1"		_
Stre	eet Address	Kan Wah			P	urno	ise o	of Inspection		Fide		
City	/State	SINT VIV	ZIP Code		7	u. po	,,,,,	Se	waa o	•		
	*****	FOODBORNE ILLNESS	DISK EVU	TO.	PS /	ΔNI	n D	OLIBLIC HEALTH	INTERVENTIONS			_
	Circle designa	ated compliance status (IN, OUT, N/O, N/A) fo				MIT	<u>D r</u>					
	IN=in compliance COS=	OUT=not in compliance N/O=not obse Mark "X" in appropriate box for COS and, corrected on-site during inspection R=re	-		ot app	oficab	ble	prevalent contr	re important practices or proc ributing factors of foodborne i re control measures to prevent f	ilness or injury. Public	: hea	
Con	npliance Status		•	со	S R		Cor	mpliance Status			cos	R
	•	Supervision Person in charge present, demonstrates knowle	den and	Т-		4	15	Ja Out AVA AVO	Protection from Contamina	ation		
1	ln	performs duties	age, and				15 16	In.Out N/A.N/O In.Out.N/A	Food separated and protected Food-contact surfaces; cleaned a	and sanitized		
2	In.Out.N/A	Certified Food Protection Manager (CFPM)				_	<u> </u>	(: 0)	Proper disposition of returned,	previously served,		
		Employee Health	malayaay	Τ		4	17	In Out	reconditioned and unsafe food			
3	In, Out	Management, food employee and conditional e knowledge, responsibilities and reporting	пріоуее;				18	In.Out.N/A.N/O	Fime/Temperature Control for Proper cooking time and temper			
4	In Out	Proper use of restriction and exclusion					19	In.Out.N/A.N/O	Proper reheating procedures for			
5	In.Out	Procedures for responding to vomiting and diarr	heal events			4	20	In.Out.N/A.N/C	Proper cooling time and temper	ature		\sqsubseteq
-	In.Out.N/O	Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use		_		4	21_	In.Out.N/A.N/O	Proper hot holding temperature			\vdash
7	In Out N/O	No discharge from eyes, nose, and mouth		+	+	\dashv	22	In. Out. N/A. N/C	Proper cold holding temperature			\vdash
		Preventing Contamination by Hands			Ц.,	-	23 24	In, Out, N/A, N/O In, Out, N/A, N/O	Proper date marking and dispos Time as a Public Health Control;			-
8	In.Out.N/O	Hands clean and properly washed		T		┪	F	III. Oct. Nov. III.	Consumer Advisory	procedures a records		
9	In.Out.N/A.N/O	No bare hand contact with RTE food or a pre-ap alternative procedure properly allowed	proved			7	25	In.Out.N/A	Consumer advisory provided for	raw/undercooked food		
10	In, Out	Adequate handwashing sinks properly supplied	and accessible			7			Highly Susceptible Popular			
		Approved Source		•		7	26	In.Out,N/A	Pasteurized foods used; prohibit	ed foods not offered		
11	In.Out	Food obtained from approved source			Т	7	L	Foo	d/Color Additives and Toxic !	Substances		
12	In.Out.N/A.N/O	Food received at proper temperature				7	27	In.Out.N/A	Food additives: approved and pr	operly used		
13	In.Out	Food in good condition, safe, and unadulterated		\top		7	28	In.Out.N/A	Toxic substances properly identi	fied, stored, and used		
14	In Out.N/A.N/O	Required records available: shellstock tags, para	site	$^{+}$		1		Co	informance with Approved P	rocedures		
	III GHEIWITIWG	destruction					29	In,Out,N/A	Compliance with variance/speci	alized process/HACCP		Щ
		C						CTICES				
N		Good Retail Practices are preventative mea nbered item is not in compliance Mark	sures to con "X" in appro					, .	icals, and physical objects into corrected on-site during inspe		olatio	n l
	Tarit // Wilder in India	The sea item is not in semiphenic		cos				2 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	on one of the dailing maps		cos	_
		Safe Food and Water							Proper Use of Utensils			
30		sed where required				43	_	In-use utensils: prope	erly stored	<u>. </u>		
31		n approved source		_		44	-		& linens: properly stored, dried, &			
32	Variance obtained	for specialized processing methods Food Temperature Control			\dashv	49	+	Single-use/single-ser	vice articles: properly stored and u	used		\vdash
33	Proper cooling me	thods used; adequate equipment for temperature	control		\dashv	40	0	Gloves used property	Utensils, Equipment and Ven	dina		<u> </u>
34		y cooked for hot holding	- Contact		\dashv	 	7	Food and non-food c	ontact surfaces cleanable, properl	- -		П
35	Approved thawing	· · · · · · · · · · · · · · · · · · ·			\dashv	47	\perp	and used				Ц
36	Thermometers pro	ovided & accurate				48	_	Warewashing facilitie	es: Installed, maintained, & used; t	est strips		
1		Food Identification				49	9	Non-food contact su	rfaces clean			
37	Food properly labe	eled; original container		7	-				Physical Facilities			
		Prevention of Food Contamination				50	0	Hot and cold water a	vailable; adequate pressure			
38	Insects, rodents, a	nd animals not present		-	_	51	1	Plumbing installed; p	roper backflow devices			
39		evented during food preparation, storage and disp	lay		\dashv	52	2	Sewage and waste w	ater properly disposed			
40	Personal cleanline		+	\dashv	\dashv	53	3	Toilet facilities: prop	erly constructed, supplied, & clear	ned		
41		perly used and stored			\dashv	54	4	Garbage & refuse pro	operly disposed; facilities maintair	ed		
42	Washing fruits and	•				55	5	Physical facilities inst	talled, maintained, and clean			
Ш						56	6	Adequate ventilation	and lighting; designated areas us	ed		
							_		Employee Training			
	70 E 5					57	-		ave food handler training		<u> </u>	\vdash
(R)	38					58	8	Allergen training as r	equired		l	

EAST SIDE HEALTH DISTRICT

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SUPPLEMENTAL INSPECTION REMARKS

The follow	ring remarl نــــــــــــــــــــــــــــــــــــ	s supplement the inspection report of (ESTABLISHEMENT NAME)	Wah
Item	Rule	Recommendations	Corrected By
		Surfacing Sewage outside behind Lost	6

Item	Rule	Recommendations	Corrected By
		Surfacing Source outside behind Lest.	
		owner says its been there for	
		about a week. Kan water, flushed	
		toilets in facility indicativity noted	
		He contacted - Clemenant MISS-	
		Contact Nepartment again.	
		Contact department again.	
		No smell oclar naticed in	2 des
		Store or outside.	1
			1
		I Famy Signs of backflow, or	
		Senage in side Yacility.	· · ·
		tacility will ceale operations	
	·	mirecus	
		<u> </u>	
	-		
<u> </u>	-		

These remarks have been explained to me and are understood. _

R (1000) 38

SIGNATURE OF OWNER OR REPRESENTATIVE

		roodi	EStabiishi	ne	:nt		ns	spection	Report			
Loc	al Health Departme	nt Name and Address			No	. of	Risk	Factor/Interventio	n Violations	Date 4 14 18 Pag	ze 1	of 3
ع	Ast 2	ide Gealth 6	Dist						ervention Violations	Time In 2 0	<u> </u>	
Esta	ablishment (1200	MINAH	icense/Permit #				t Ho		Risk Categor	Time Out 2	7	
Stre	eet Address	NOONN				111111	. 110	idei	Misk Categor	'thah		
	76045	State St			Pui	tpos	se o	f Inspection				
City	y/State \nearrow \nearrow \uparrow	7	ZIP Code		>	X	ex	iov So	wase Follow	$\omega \cup \rho$		
		FOODBORNE ILL	NESS RISK FAC	TOF	RS A	NE) P	UBLIC HEALTH	INTERVENTIONS			
	Circle designa	ated compliance status (IN, OUT, N/O	***************************************					- I		.		
	IN=in compliance COS=	OUT=not in compliance N/O= Mark "X" in appropriate box for corrected on-site during inspection	•	A=not n	appli	cab	le	prevalent contr	re important practices or proc ributing factors of foodborne i re control measures to prevent f	illness or injury. Publi	ic hea	
Con	npliance Status		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cos	R		Con	npliance Status			cos	R
		Supervision		_	1				Protection from Contamina	ation		
1	In	Person in charge present, demonstrate performs duties	s knowledge, and				15 16	In.Out.N/A.N/O In.Out.N/A	Food separated and protected Food-contact surfaces; cleaned a	and sanitized	 	-
2	In. Out, N/A	Certified Food Protection Manager (CF	PM)				10	III.OUL.WA	·		<u> </u>	
	•	Employee Health					17	In Out /	Proper disposition of returned, preconditioned and unsafe food	previously served,		
3	In, Out	Management, food employee and cond knowledge, responsibilities and reporti	, , .						Time/Temperature Control fo			
4	In.Out	Proper use of restriction and exclusion	_	+			18 19	In.Out.N/A.N/O In.Out.N/A/.N/O	Proper cooking time and temper Proper reheating procedures for		-	
5	In.Out	Procedures for responding to vomiting	and diarrheal events		ļ	1	20	In Out N/A N/O	Proper cooling time and temper		 	
		Good Hygienic Practices	\				21	In.Oyl.N/A.N/O	Proper hot holding temperature			
7	In.Out.N/O In.Out.N/O	Proper eating, tasting, drinking, or toba No discharge from eyes, nose, and mou		-		-	22	In.Out.N/A,N/O	Proper cold holding temperature		<u> </u>	ļ
	III.OGCIWO	Preventing Contamination by Ha	Λ			1	23		Proper date marking and dispos		┢	
8	In.Out.N/O	Hands clean and properly washed		Ι"		1	7	7 III. QUE.N/A,N/O	Time as a Public Health Control; Consumer Advisory	procedures & records		
9	In.Out.N/A.N/O	No bare hand contact with RTE food or alternative procedure properly allowed				1/	25	In.Out.N/A	Consumer advisory provided for	raw/undercooked food		
10	In.Out	Adequate handwashing sinks properly			17	1	Ľ		Highly Susceptible Populat	tions		
		Approved Source		1	\mathcal{J}		26	in.Out.N/A	Pasteurized foods used; prohibit	ted foods not offered		
11	In.Out	Food obtained from approved source		1/	Ì	1		Foo	od/Color Additives and Toxic S	Substances		
12	In.Out.N/A.N/O	Food received at proper temperature		\forall			27	In.Out.N/A	Food additives: approved and pr	roperly used		
13	In Out	Food in good condition, safe, and unad	ulterated /	1		\	28	In Out.N/A	Toxic substances properly identi	fied, stored, and used		
14	in.Out.N/A.N/O	Required records available: shellstock t	tags, parasite			1	1	Co	informance with Approved Pi	rocedures		
	21,000	destruction			<u> </u>		29	In.Out.N/A	Compliance with variance/specia	alized process/HACCP		
		C						CTICES		f. 1		· · · ·
N	ark "X" in box if nur	Good Retail Practices are prevental obered item is not in compliance	tive measures to con Mark "X" in appro	troi ti priate	ne ao e box	for	COS	or pathogens, chemi Sand/or R\ COS=	icals, and physical objects into corrected on-site during inspe	roods. ection R=repeat v	iolatir	อก
		<u>'</u>	,	os	_						COS	
		Safe Food and Water			4	_			Proper Use of Utensils			
30 31		sed where required n approved source	/	\dashv	4	43	╆╌┼	In-use utensils: probe	\		├	\square
32		for specialized processing methods	/	-	\dashv	44	-		&`linens: properly stored, dried, & vice articles: properly stored and u		├	\vdash
1	The solution	Food Temperature Control			\dashv	46	+ +	Gioves used properly	<u> </u>		\vdash	\vdash
33	Proper cooling me	thods used; adequate equipment for ter	mperature control						Utensils) Equipment and Ven	ding		-
34	Plant food properl	y cooked for hot holding				47	\Box	Food and non-food c	ontact surfaces cleanable, properl	y designed, constructed	,	
35	Approved thawing	methods used				48	${\color{blue}oldsymbol{arphi}}$		es: installed, maintained, & used; t	tort etrine	 	├
36	Thermometers pro	ovided & accurate		_ [_[_	Н			rear an iha	<u> </u>	\vdash
		Food Identification				49		Non-food contact sur	rraces clean \			
37	Food properly labe	eled; original container		Т	┪				Physical Facilities			
	<u> </u>	Prevention of Food Contaminati	on		1	50		Hot and cold water a	vailable; adequate pressure			
38	Insects, rodents, a	nd animals not present		\neg		51		Plumbing installed; p	roper backflow devices			
39		evented during food preparation, storage	and display	+	\dashv	52	П	Sewage and waste w	ater properly disposed			
_			- and display	1	4	53		Toilet facilities: prope	erly constructed, supplied, & clean	ned -	\vdash	\vdash
40	Personal cleanline	T			_	54	\vdash	Garbage & refuse or	operly disposed; facilities maintain	ned	\vdash	\vdash
41	Wiping cloths: pro	perly used and stored				55	\vdash		alled, maintained, and clean		\vdash	$\vdash \vdash$
42	Washing fruits and	t vegetables				56	\sqcup				\vdash	\vdash
						26		Auequate ventilation	and lighting; designated areas use	eu	<u> </u>	Щ
						57		All food employees b	Employee Training ave food handler training		$\overline{}$	
(P)	38					58	-	Allergen training as n			\vdash	┼─┤
\odot	Trees M.					تت	4	5	,			

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Page 2 of 3

Establishment: KAM WAV Establishment #: Water Supply: ☐ Public ☐ Private Waste Water System: ☐ Public ☐ Private Sanitizer Type: TEMPERATURE OBSERVATIONS Item/Location Temp Item/Location Item/Location Temp **OBSERVATIONS AND CORRECTIVE ACTIONS** ltem Num<u>ber</u> Violations cited in this report must be corrected within the time frames below. CFPM Verification (name, expiration date, ID#): HACCP Topic: Person in Charge (Signature) Follow-up: Yes No (Check one) Follow-up Date:

		Food Establishr	ne	ent	t I	ns	spection	Report		1/	\mathcal{L}
Loc	al Health Departmer	nt Name and Address		No). of	Risk	Factor/Intervention	n Violations	Date 4 Pa	ge 1	013
	FC:	HI)		_					Time In	3 9	١
Esta	ablishment	License/Permit #						ئر rvention Violations	Time Out 1/, 4	5	
Stre	et Address	an kian,		Pe	rmit	: Но	lder	Risk	Category (-10)		
3 11 6	et Address	1604 State 31		Pμ	rpos	se o	f Inspection		- (1175	<u>γ</u>	
City	/State	ZIP Code						u.f	PIII Som	cLO	
		FOODBORNE ILLNESS RISK FAC	TO	DC A	ALF	<u> </u>	LIBLIC HEALTH	INTEDVENITION	10 3(000	92	
	Circle designa	ated compliance status (IN, OUT, N/O, N/A) for each numbe			41A L	<i>)</i>	UBLIC REALIT	INTERVENTION	13		
	IN=in compliance		\ =no	t appi	icabl	le	prevalent contr	ibuting factors of foo	or procedures identified as a dborne illness or injury. Publ prevent foodborne illness or in	ic hea	- 1
Con	npliance Status		COS	R		Con	npliance Status			cos	R
		Supervision						Protection from Co	· · · · · · · · · · · · · · · · · · ·		,
1	In	Person in charge present, demonstrates knowledge, and performs duties			1	15 16	In Out.N/A.N/O In.Out.N/A	Food separated and pro Food-contact surfaces;			-
2	In. Out, N/A	Certified Food Protection Manager (CFPM)				10	III.OUL.N/A	·			
		Employee Health				17	In.Out	Proper disposition of re reconditioned and unsa	eturned, previously served, afe food		
3	In, Out	Management, food employee and conditional employee;			1			ime/Temperature Co			
4	In Out	knowledge, responsibilities and reporting Proper use of restriction and exclusion	╆	-	-1	18 19	In.Out.N/A.N/O In.Out.N/A.N/O	Proper cooking time an		 	
5	In.Out	Procedures for responding to vomiting and diarrheal events	1		-1	50	In Out.N/A.N/O	Proper reheating proce		 	-
		Good Hygienic Practices			1	21	In:Out,N/A,N/O	Proper hot holding tem			
6	In.Out.N/O	Proper eating, tasting, drinking, or tobacco use				22	In Out.N/A.N/O	Proper cold holding ten	nperatures		
7	In.Out.N/O	No discharge from eyes, nose, and mouth Preventing Contamination by Hands			┑	23	In Out.N/A.N/O	Proper date marking ar			
8	in Out.N/O	Hands clean and properly washed	Π		┨	24	in Out.N/A.N/O	Time as a Public Health Consumer Ac	Control; procedures & records		
9	In Out N/A.N/O	No bare hand contact with RTE food or a pre-approved	t		1	25	In Out.N/A		vided for raw/undercooked food	Ī	
10	In.Out	alternative procedure properly allowed Adequate handwashing sinks properly supplied and accessible	\vdash	-	┨			Highly Susceptible			
101	III.Otti	Approved Source			1	26	In Out.N/A		; prohibited foods not offered		
11	In.Ouf	Food obtained from approved source	T	T	-	Г	Foo	d/Color Additives and	d Toxic Substances		_
12	In Out N/A.N/O	•••	-	-	4	27	In Out.N/A	Food additives: approve	ed and properly used	1	
-	In.Out	Food received at proper temperature	┢		-	28	In.Out.N/A	Toxic substances prope	rly identified, stored, and used		
13	m.out	Food in good condition, safe, and unadulterated Required records available: shellstock tags, parasite	 		4	Н	Co	nformance with Appl	roved Procedures		_
14	In.Out N/A N/O	destruction				29	In.Out.N/A	r	nce/specialized process/HACCP	1	
		GOOD	RE	TAI	L PI	RA	CTICES	- , 			
N		Good Retail Practices are preventative measures to contribute of the mass of the compliance of the mappropriate of the mass of	oriat	e box				cals, and physical obje corrected on-site duri			_
		Safe Food and Water	OS	R	\vdash			Dropov Hen of H	Itomelle	cos	R
30	Pasteurized eggs u	sed where required	Т	\dashv	43		In-use utensils: prope	Proper Use of U	rtensiis	T	
31	Water and ice from			1	44			linens: properly stored	, dried, & handled	+	-
32	Variance obtained	for specialized processing methods		╗	45		Single-use/single-serv	lce articles: properly sto	ored and used		
		Food Temperature Control			46		Gloves used properly				
33		thods used; adequate equipment for temperature control		_				Utensils, Equipment			
34		y cooked for not holding	4	-	47		Food and non-food co and used	ontact surfaces cleanable	e, properly designed, constructed	۱,	
35	Approved thawing		4	_	48	H	Warewashing facilitie	s: installed, maintained,	& used; test strips	 	\vdash
36	Thermometers pro	<u></u>		_	49	Н	Non-food contact sur	faces clean			
		Food Identification			-	Ш		Physical Facil	litios		
37	Food properly labe	eled; original container			50		Hot and cold water a			т—	_
		Prevention of Food Contamination			ļ			vailable; adequate pressi		<u> </u>	igspace
38	Insects, rodents, as	nd animals not present			51	Ш		roper backflow devices			
39	Contamination pre	evented during food preparation, storage and display	\top	\dashv	52	\sqcup	Sewage and waste wa	ater properly disposed		<u> </u>	igspace
40	Personal cleanlines	55	\dashv	\dashv	53	Ш	Toilet facilities: prope	rly constructed, supplied	d, & cleaned		
41	Wiping cloths: proj	perly used and stored	\dashv	\dashv	54		Garbage & refuse pro	perly disposed; facilities	maintained		
42	Washing fruits and		\dashv	\dashv	55	П	Physical facilities inst	alled, maintained, and cl	ean		
٠- ا				Ш	56	П	Adequate ventilation	and lighting; designated	areas used	 	
						ب		Employee Tra	ining	-	1
					57		All food employees h	ave food handler training		L^-	
(R)	(THE STATE) 38				58	П	Allergen training as re	equired			

EAST SIDE HEALTH DISTRICT

SUPPLEMENTAL INSPECTION REMARKS

tem	Rule	Recommendations	Corrected
		Upon investigation outside behind store per surfacing sewage left just in fire tracks pall other surfacing . Sewage is gone.	
		go Surfacing Sewage lest just in	
		fire tracks , all other surfacing	
		Sewaye is gone.	
		Manager not present at time.	
	,		
		Closer to buck cloor & Employee Says she is not Sure if City's Finished.	
		closer to back cloor & Employee	
		says she is not sure if cityisfinished.	
		Enough Lee Sun (Sun (1)	
		the city was simply them	
		Fendayee Says Smell is from the city working on pumps Pacility being Closed.	
		ESHD will Flo in & clays	
		- 	
		+	
			1

R 38